

Amended Statement Cover

I am filing the Notes to Financial, page 25. They were accidently omitted in the original filing. I am filing here.

ANNUAL STATEMENT

For the Year Ending December 31, 2009

OF THE CONDITION AND AFFAIRS OF THE

QCA Health Plan, Inc.

NAIC Group Code	0000	0000	NAIC Company Code	95448	Employer's ID Number	71-0794605
	(Current Period)	(Prior Period)				
Organized under the Laws of	Arkansas		State of Domicile or Port of Entry	Arkansas		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated/Organized	04/08/1996		Commenced Business	07/31/1996		
Statutory Home Office	12615 Chenal Parkway, Suite 300		Little Rock, AR 72211			
	(Street and Number)		(City or Town, State and Zip Code)			
Main Administrative Office	12615 Chenal Parkway, Suite 300					
	(Street and Number)					
	Little Rock, AR 72211		(501)228-7111			
	(City or Town, State and Zip Code)		(Area Code) (Telephone Number)			
Mail Address	12615 Chenal Parkway, Suite 300		Little Rock, AR 72211			
	(Street and Number or P.O. Box)		(City or Town, State and Zip Code)			
Primary Location of Books and Records	12615 Chenal Parkway, Suite 300					
	(Street and Number)					
	Little Rock, AR 72211		(501)228-7111			
	(City or Town, State and Zip Code)		(Area Code) (Telephone Number)			
Internet Website Address	www.qcark.com					
Statutory Statement Contact	Randall Crow		(501)219-5109			
	(Name)		(Area Code)(Telephone Number)(Extension)			
	randall.crow@qcark.com		(501)228-0135			
	(E-Mail Address)		(Fax Number)			

OFFICERS

Name	Title
Michael Edward Stock	President
James W. Couch	Secretary
Randall Alvin Crow	Treasurer

OTHERS

Miles Haley Wilson, Vice President/CIO-I.T.
Fidel O Davila M.D., Vice President - Medical Affairs #
Betty Jo Tatum-Himes, Vice President - Sales & Marketing

James W. Couch J.D., Chief Compliance Officer
Joni Self Daniels, Vice President - Operations
Jon Foose, Vice President - Underwriting

DIRECTORS OR TRUSTEES

Richard Allen Pierson
Buford Joseph Suffridge DDS, MS,PA
James Arden Tanner M.D. #
Barbara Garner Williams RN, PhD
Raymond Willaim Montgomery II

Patricia Ellen Gorman
Jospeh Patrick Searcy
Charles W. Smith M.D.
Jospeh Maurice Elser M.D.
James Knox Hendren PhD

State ofArkansas

County ofPulaski ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
Michael Edward Stock	James W. Couch	Randall Alvin Crow
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this
day of , 2010

a. Is this an original filing?
b. If no, 1. State the amendment number
2. Date filed
3. Number of pages attached

Yes[] No[X]
1
03/18/2010
1

(Notary Public Signature)

DIRECTORS OR TRUSTEES (continued)

Martin Fiser M.D.	Harold Jackson Lassiter Jr.
Michael Edward Stock	Alan D. Winkler